



Patient Eligibility of Screening Record

Adult HPV Immunization Program

Date: _____

Patient: _____
Last Name First Name MI

Date of Birth: _____

Provider: _____

A record must be kept in the healthcare provider's office that reflects the status of patients who received immunization through the AHPV. The record may be completed by the patient or by the healthcare provider. The same record may be used for all subsequent visits as long as the patient's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each receiving vaccine.

This patient qualifies for vaccination through the AHPV because she (check all that apply):

Date: _____ Date: _____ Date: _____ Date: _____

(a) is 19 years of age through 26 years of age

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AND

(b) does not have health insurance

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OR

(c) has health insurance that DOES NOT pay for vaccines

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If you have any questions regarding the completion of this form, please call 1-800-282-8672.